

PAVILION RESERVATION FORM

Office Hours are 1:30 - 4:30 pm; Mondays, Wednesdays & Fridays

Please fill out all information and sign at the bottom where indicated.

RENTER'S INFORMATION:

Name:			
Address:			
City/Zip:			
Phone:		Cell	l:
E-Mail:			
Rental Time:	en for rent from 9:0		pm within that time, setup time and clean
Type of Even	t		
Date of Event	·		Time: to
Is any type of	music being used?	Yes/No cir	rcle one DJ/ Electronic/(No live band)
Number of Gu	uests Expected:		(Limit 50 Persons)
NO ALCOH	OL ALLOWED O	ON PREMISE	2
FEES:			
Deposit Fee	\$125.00 CASH	Date Paid:	Rec'd by:
Rental Fee	\$	Date Paid:	Rec'd by:
			ERSTOOD THE VILLAGE OF BON MENT AND I AGREE TO BE BOUN
Signature of Renter			Date
City Secretary/Mayor			Date